## L19000120194

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	City/State/Zip/Phone #)	<del></del> .
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## **COVER LETTER**

TO:

TO:	Registration S Division of Co		•	
SUBJEC	OMCE GI	RO <b>O</b> P INTERNATIONAL LL	С	4
30000	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	<del></del>
The encle	osed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		OMAR H ULLOA OCHO	DA	
			Name of Person	
		OMCE GROUP INTERN	ATIONAL LLC	
			Firm/Company	
		4767 PINEMORE LANE		
		<del></del>	Address	
		LAKE WORTH, FL 3346	3	
			City/State and Zip Code	<del></del>
		onano1974@hotmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	r information c	oncerning this matter, please c	all:	
OMAR I	ULLOA OCH	OA	561 900-6695	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	e following amount:		
≘ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R E P	Aniling Address Registration Solivision of Co 2.O. Box 632 Callahassec, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OMCE GROUP INTERNATIONA	L LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our ability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company were filed on 05/03/2019				and assigned
Florida document number L19000120794				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	t the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4767 PINEMORE LA	NE	33
		LAKE WORTH, FL	33463	\(\frac{1}{2}\)
Enter new mailing address, if applicable:		4767 PINEMORE LA	ANE	- , 
(Mailing address MAY BE A POST OFFICE BOX)		LAKE WORTH, FL	33463	••
	<u>-</u>		<del></del>	0.5
B. If amending the registered agent and/or agent and/or the new registered office addre			ls, enter the name	
Name of New Registered Agent:	OMARHULI	LOA OCHOA		
New Registered Office Address:	4767 PINEMO	ORE LANE		
	<b>_</b>	Enter Florida sti	reet address	
•	LAKE WORT	H	, Florida <sup>334</sup>	63
		Cltv		Zip Code

Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	OMAR H ULLOA OCHOA	4767 PINEMORE LANE	□Add
		LAKE WORTH, FL 33463	□Remove
			Change
AMBR	BLANCA C OCHOA	4767 PINEMORE LANE	
		LAKE WORTH, FL 33463	■Remove
		·	□ Change
			🗆 Add
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NOTE:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
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